Arkansas HIE Project

Players & Payers: Financial Incentives of HIE

Arkansas HIE Player/Payer	What is cost now? ALL COSTS – $/time/etc.	FINANCIAL incentives/savings to be realized with HIE	Estimated $/% value of FINANCIAL incentives realized with HIE	Notable FINANCIAL DISincentives/barriers
Individuals – Patient/Consumer	- pay fee to get personal copies of medical records - time spent to follow/track medical records/health issues - time spent to report health info/history to multiple providers - pay directly (co-pay, full payment, etc.) for duplicate tests - pay indirectly for duplicate services (tests, collection of health history, other data) with increased health care costs – provider costs go up as well as insurance costs	- possible decrease in direct costs to obtain medical records - possible decrease in overall/indirect costs, but will take a long time to see - decrease in direct costs for uninsured/underinsured if/when duplicate tests decrease	- savings possibility if electronic records cost less to access - time savings for collection of health information - more value to those who use system more - more immediate value to uninsured or underinsured because they pay more in direct costs	- patients could be good advocates for HIE, but direct costs may not be the best incentives for them to support it – improved health, ease of health care use, time savings all seem to be better places to look for support
Public Health	- pay to track required health issues			

Medicaid		- CMS reported between 2-8% cost savings with HIE (at DC conference in Feb 2010)		
Other State Agencies & Programs				
Employee Benefit Division				
Private Insurers	- pay for duplicate tests for insured		- pay less out because services are being used less	
Labs				- less income when duplicate tests decrease

Physicians – Primary Care	- may have to cover costs of duplicate tests, etc. for uninsured	- if able to access tests performed at other institutions, may be able to save – but probably only for uninsured		- less income when duplicate tests decrease (though may be = to time saved/lost)
Physicians – Specialists	- may have to cover costs of duplicate tests, etc. for uninsured	- if able to access tests performed at other institutions, may be able to save – but probably only for uninsured		- less income when duplicate tests decrease (though may be = to time saved/lost)
Clinics	- may have to cover costs of duplicate tests, etc. for uninsured	- if able to access tests performed at other institutions, may be able to save – but probably only for uninsured		- less income when duplicate tests decrease (though may be = to time saved/lost)
Hospitals	- may have to cover costs of duplicate tests, etc. for uninsured	- if able to access tests performed at other institutions, may be able to save – but probably only for uninsured		- less income when duplicate tests decrease (though may be = to time saved/lost)
Other Providers	- may have to cover costs of duplicate tests, etc. for uninsured			- less income when duplicate tests decrease (though may be = to time saved/lost)
Data Users/Researchers	- great deal of expense to identify and then access data from needed cohorts			
Community/General	- time spent collecting data from patients multiple times			

Other:				
Other:				